

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023321

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 24 1963 2

Primary Registration District No.

1000

Registrar's No.

732

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
S. E. Melaney, M.D.

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, | | c. CITY OR TOWN Jefferson City, | |
| Length of stay in 1b 11 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Meth Hosp. & Med Center | | d. STREET ADDRESS (If outside, give location) 808 Bald Hill Road | |
| 3. NAME OF DECEASED (Type or print) First CHRISTOPHER Middle LEE Last HUGHES | | 4. DATE OF DEATH Month June Day 9, Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 15, 1956 9. AGE (last birthday) 6 years |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY Student | |
| 11. BIRTHPLACE (City and state or country) St. Joseph, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Judson M. Hughes Jr. | | 13b. MOTHER'S MAIDEN NAME B. Toyce Allen | |
| 14. NAME OF HUSBAND OR WIFE None | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Mrs. B. Toyce Hughes-Jefferson City, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation DUE TO (b) Drowning DUE TO (c) Last seen sitting in Innertube Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH ? | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Missed by mother. Body found in bottom of lake | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Was riding innertube. | |
| 20c. TIME OF INJURY Hour 3:15 p.m. Month, Day, Year June 9, 1963 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bathing Beach | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION Buchanan County | | |
| 21. I attended the deceased from Viewed Body to June 9th, 1963 and last saw him alive on June 9th, 1963 | | 22. ADDRESS 214 Kirkpatrick Bldg. Saint Joseph 8, Missouri | |
| 22a. SIGNATURE (Degree or title) S. E. Melaney M.D. Coroner | | 22c. DATE SIGNED 6/9/1963 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 11, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
| 24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. June 20, 1963 | 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 6-11-63

2112
0500
0500

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2112
0500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lucy J. [Signature]*
Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.